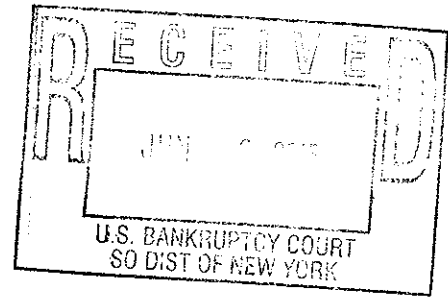


PRO PER (SBN: [*_____*])
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Telephone No.: 323.687-0853
Attorney for PRO PER



UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA

LABOSTRIE	ALVIN,	SANDRA)	
LABOSTRIE)	
		Plaintiffs,)	Case No. 12-12020 (MG)
)	
vs.)	CHAPTER 11
)	
RESIDENTIAL CAPITAL, LLC,ET. AL., et))	
al)	
		Defendants.)	
)	

NOTICE OF MOTION

TO DEFENDANTS AND THEIR ATTORNEYS OF RECORD:

NOTICE IS HEREBY GIVEN that on JUNE⁴, 2015, at 8:30AM, or as soon thereafter as counsel may be heard by the above-entitled Court, located at UNITED STATES BANKRUPTCY COURT, SOUTHERN DISTRICT OF NEW YORK, in the courtroom of CLAIM# 2769 and 2772, Plaintiffs will and hereby does move the Court for A STAY OF JUDGMENT.

This motion is brought on the following grounds: IN PROPER SERVICE, IMPROPER TIME TO RESPOND ,

This motion is based on this Notice of Motion and Motion, the Memorandum of Points and Authorities filed herewith, the declaration of ALVIN LABOSTRIE, the pleadings and papers

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on file herein, and upon such other matters as may be presented to the Court at the time of the hearing.

DATED: May 31, 2015

By: *Sandra LaBostie*
Alvin J. Bostie
PRO PER
Attorney for Plaintiffs, PRO PER

MC-030

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): PRO PER SBN: ALVIN LABOSTRIE and SANDRA LABOSTRIE 855 W. 125TH ST LOS ANGELES, CA. 90044 TELEPHONE NO.: 323.687-0853 FAX NO. (Optional): E-MAIL ADDRESS (Optional): NONE ATTORNEY FOR (Name): PRO PER		FOR COURT USE ONLY <div style="border: 1px solid black; padding: 5px; text-align: center;">RECEIVED JUN 1 2015 U.S. BANKRUPTCY COURT SO DIST OF NEW YORK</div>
STREET ADDRESS: UNITED STATES DISTRICT COURT MAILING ADDRESS: ALEXANDER HAMILTON CUSTOM HOUSE CITY AND ZIP CODE: ONE BOWLING GREEN BRANCH NAME: SOUTHERN DISTRICT OF NEW YORK		
PLAINTIFF/PETITIONER: ALVIN and SANDRA LABOSTRIE DEFENDANT/RESPONDENT: RESIDENTIAL CAPITAL, LLC, et al.		
DECLARATION		CASE NUMBER: 12-12020 (MG) CHAPTER 11

I, Alvin LaBostrie, hereby declare that the borrower claims # 2769 and 2772 was in fact served upon my residence in Los Angeles, California; as I were in New Orleans, La. receiving medical treatment at the New Orleans, VA MEDICAL CENTER.

After such treatments, I then return to Los Angeles, Ca. via vehicle and did not arrive back to Los Angeles, Ca., until May 26, 2015. I suffer from multiple disabilities and needed adequate, enough time just to read piles of mail.

I am requesting a proper amount of time to research and just to be able respon to the litmus of paperwork that was served on us.

WE, DO OBJECT TO HAVING OUR CLAIMS DENIED AND EXPUNGE.

I swear under the penalty of perjury that the above statements are true and correct to the best of my knowledge.


ALVIN LABOSTRIE
DECLARANT

MAY 31, 2015

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: **MAY 31**, 2015

ALVIN LABOSTRIE
(TYPE OR PRINT NAME)


(SIGNATURE OF DECLARANT)

☐ Attorney for ☐ Plaintiff ☐ Petitioner ☐ Defendant
☐ Respondent ☒ Other (Specify): PRO PER

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